ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	- C (09-04-01
FEE DETERMINATION O.I.P.E. CLASSIFIER	<u>(,.().</u>		
FORMALITY REVIEW	Of-	.535	10-03-01
RESPONSE FORMALITY REVIEW			
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INDEX OF CLAIMS

Rejected	N Non-elected I Interference
=Allowed — (Through numeral) Canceled	A
- Restricted	0 Objected

_ (Through numeral) Canceled Restricted	0	Objecte	ed 🕺
			Claim	Date
Claim Date	Claim	Date		
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8	58		108	╌┼┼┼┼┼
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14	64		114	
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	68		118	
18	69		119	
19	70		120	
20	71	 	121	
21	72	 	122	
22	73	1/1-1-1-1	123	
23	74	/ 	124	
24	75	4	125	
25	76	1-1-1-1-1	126	
26	77 + /	++++	127	
27	78	++++	128	
28	79 1	++++	129	
29	80	 	130	
30	81/		131	
31	82	 	132	
32	83	 	133	
33	/84		134	
34	/85	++++	135	
35	86	+++	136	
36	/ 87	+++	137	
37	88	++++	138	
38 /	89		139	
39	90		140	
40	91	- - - - -	141	
41	92	╶ ┼╌┼╌┼╌┤	142	
42			143	
43	93	┤ ┤┼┼┼	144	++++
44	94	╶┼┼┼┼ ┼	145	+++++
45	95	- 	146	+++++
46	96	╶┤╶┤╌┤╌ ┼╌	147	
47	97	╼┼┼┼┼┼┼┼	148	- - - - - -
48	98		149	
49	99	╶╎┤┤┤╸┤╸┼ ╶┼	150	
50	100			

If more than 150 claims or 10 actions staple additional sheet here

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